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|------------------------|---------------|
| Application Number | 10/808,989 |
| Filing Date | 03/24/2004 |
| First Named Inventor | Ewa Herbst |
| Art Unit | 3735 |
| Examiner Name | John P. Lacyk |
| Attorney Docket Number | 0813825.12302 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Ewa Herbst

Date

7/18/08

Telephone

201-840-0418

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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